



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: GREENE COUNTY GENERAL HOSPITAL

City of Hospital: Linton

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: April Settles

Email Address: april.settles@mygcgh.org

Medicare Provider Number: 15-1317

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$14661627
Outpatient Patient Service Revenue	\$104014832
Total Gross Patient Service Revenue	\$118676459

2. Deductions From Revenue

Contractual Allowance	\$75227421
Other Deductions	\$0
Total Deductions	\$75227421

3. Total Operating Revenue

Net Patient Service Revenue	\$43449038
Other Operating Revenue	\$2116564
Total Operating Revenue	\$45565602

4. Operating Expenses

Salaries and Wages	\$19845651	Employee Benefits	\$4345721
Depreciation and Amortization	\$1101555	Interest Expense	\$388409
Bad Debt	\$7547654	Other Expenses	\$14512295
Total Operating Expenses	\$47741285		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2175683	Total Assets	\$22899841
Net Non-operating Gains over Loss	\$56300	Total Liabilities	\$17465868

Total Net Gains	\$-2119383
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$54591171	\$34604614	\$19986557
Medicaid	\$14359852	\$9102518	\$5257334
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$49725436	\$31520289	\$18205147
Total	\$118676459	\$75227421	\$43449038

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	10550
Number of Citizens Exposed to Health Education Messages	31922

Statement Six: Charity Statement

Hospital Charity Charges	\$413765
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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